## Août 26. 2009 11:51AM Prot. Equinox 514-733-44 CENTRAL FAX CENTER Nº 7875

AUG 2 6 2009

P. 1

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Via Fax: 1-571-273-8300

(1 page)

<u> </u>	PT0/3547: (11-20				
Application Number	10/586,391				
Filing Date	July 17,2006				
First Named Inventor	Thomas LASSALLE				
Group Art Unit					
Examiner Name					
Attorney Docket Number	1369-B01.US				

I hereby revoke all previous powers of attorney given in the above-identified application.									
I hereby ap	point								
☐ Pract	Practitioners at Customer Number			Place Customer Number Bar Code Labal Here					
OR									
Practitioner(s) named below:									
	Name			Registration Number					
	Franz BONSANG			56638					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.									
Please change the correspondence address for the above-identified application to:									
The above-mentioned Customer Number.									
OR									
Firm or Individu	al Name	Franz BONSANG							
Address	Address C/o EQUINOX PROTECTION								
Address		410 - 1500, Du College							
City		St-Laurent	State	Quebec	ZIP	H4L 5G	6		
Country		Canada							
Telephone		1-514-739-6770	Fax	1-514-733-4424					
I am the:									
Applicant									
Assignee of record of the entire interest. See 37 CFR 3.71.									
Statement	under 37	CFR 3.73(b) is enclosed. (Form F							
		SIGNATURE of Applicant o	r Assig	nee of Record					
Name	Thomas LASSALLE								
Signature	8 ARC S								
Title and Company II Invention & US Group Inc									
Date 26 Arick 2009									
Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.									
D *Total of 1 forms are submitted.									